

City of Hampton

Application for Annexation

Pursuant to O.C.G.A Title 36, Chapter 36 (§ 36-36-1 et seq.)

City Hall 17 East Main Street South PO Box 400 Hampton, GA 30228

Phone: 770.946.4306 Fax: 770.946.4356 www.hamptonga.gov

MAYOR ANN N. TARPLEY

MAYOR PRO-TEM

MARTY MEEKS

CITY COUNCIL
SHEILA BARLOW
HENRY BYRD
DEVLIN CLEVELAND
MARY ANN MITCHAM
WILLIE TURNER

CITY MANAGER ALEX S. COHILAS

TYPE OF ANNEXATION (Fill one)

Signature:

60% Method:	Petitioners owning at least 60% of the property in the area to be annexed, and at least 60% of the voters in an area, may seek to have their property annexed into an adjacent city.		
100% Method:	Property owners of all the land in an area may seek to have their property annexed into an adjacent city by signing a petition.		
Property Address: s this property contiguous	to the city limits?	Yes	No
AND USE AND ZONING			
County:		County Zoning Classif	fication:
,		, 0	
resent Land Use:		Requested Zoning Classification:	
PROPERTY OWNER Name: Mailing Address:			
		Email:	
hone: ignature:			
If this application is submitted puddresses, dates of signature, an	oursuant to the 60% N	Method, please attach ad	ditional names, signatures,
APPLICANT			
Name:			
Mailing Address:			
Phone:			
Signature:		Date:	
OFF	ICE USE ONLY – D	OO NOT WRITE BELO	W LINE

Date: ____

OWNER'S AUTHORIZATION

The undersigned below, or as attached, is the owner of the property that is the subject of this application. The undersigned does duly authorize the applicant named below to act as applicant in the pursuit of an annexation of the property.

Name:	
Property Address:	
Telephone:	Email:
I swear that I am the owner of the propert shown in the records of Henry County, Geo	ry that is the subject matter of the attached application, as it is orgia.
Signature:	Date:
Who swears the information contained in	this
authorization is true and correct to the best of his/her knowledge and belie	ef.
Notary Public	
 Date	